

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-475)

Serial No. **10/588198** Filing Date
Applicant

CLAIMS

	AS FILED		AFTER AMENDMENT		AFTER AMENDMENT				AS FILED		AFTER AMENDMENT		AFTER AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51							
2							52							
3							53							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL REQ.			2											
TOTAL REQ.			24											
TOTAL CLAIMS			26											